Home Health Certification and Plan of Care

Order ID: 1163/369

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17245360	10/09/2025	From: 10/09/2025 To: 12/06/2025	497	497754

6. Patient's Name and Address
Susan Wild
1301 N. Courthouse Road Unit 616,
ARLINGTON, VA 22201-
703-254-9454

7. Provider's Name, Address and Telephone Number
Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

8. DOB 05/21/1949 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
S22.31XD	Fracture of one rib right side subs for fx w routn heal	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
M85.80	Oth disrd of bone density and structure unspecified site	10/09/25
I45.10	Unspecified right bundle-branch block	10/09/25
Z79.82	Long term (current) use of aspirin	10/09/25
Z91.81	History of falling	10/09/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Prilosec - Omeprazole 20 mg, Take 1 capsule by mouth once a day Take 1 capsule by mouth daily 30 minutes before breakfast
Prozac - Fluoxetine Hydrochloride 20 mg, Take 1 capsule by mouth in the morning Take 1 capsule by mouth every morning
Diclofenac Sodium (VOLTAREN ARTHRITIS PAIN) 1 % Top Gel, apply to affected area topical as necessary Apply to affected area(s) as needed for pain
Tylenol Extra Strength - Acetaminophen 500 mg, take 1Tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed for pain
Buspar - Buspirone Hydrochloride 30 mg, take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime
Desyrel - Trazodone Hydrochloride 50 mg, Take 1 tablet by mouth at bedtime Take 1 tablet by mouth at bedtime as needed for sleep
Lopressor - Metoprolol Tartrate 25 mg, Take one half tablet by mouth twice a day Take onehalf tablet by mouth 2 times a day
hydroCHLOROthiazide (ESIDRIX/HYDRODIURIL) 25 mg, take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning
Singulair - Montelukast Sodium 10 mg, Take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime
Mycostatin - Nystatin 100,000 unit/gram Top Powd, Apply to the affected area topical twice a day Apply to the affected area (Under the breast) twice daily
Glucophage - Metformin Hydrochloride 500 mg, Take 2 tablets by mouth twice a day Take 2 tablets by mouth 2

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Seokyeong Yee
201 N Washington St
Falls Church, VA 22046
PHONE: 7032374000 FAX: NPI: 1376171132

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date : 09/30/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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times a
day
Cozaar - Losartan Potassium 100 mg, Take 1 tablet by mouth once a day Take 1
tablet by
mouth
daily
Lyrica - Pregabalin 25 mg, Take 2 capsules by mouth twice a day Take 2
capsules
by mouth
2 times a
day
Xopenex Hfa - Levalbuterol Tartrate 45 mcg, Inhale 2 puffs inhalant every
4-6 hours Inhale 2
puffs by
mouth
every 4 to
6 hours as
needed
WIXELA INHUB 250-50 mcg, Inhale 1 puff inhalant twice a day Inhale 1
puff by
mouth 2
times a
day
(Controller
inhaler)
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth at bedtime
Take 1
tablet by
mouth
daily for
cholesterol
and heart
protection
mucus-dm guaifenesin 1200 mg/dextromethorphan hydrobromide 60 mg by
mouth once a day 1 tab every 12 hours
kirkland signature allergy medicine diphenhydramine hcl 25 mg by mouth
once a day as needed

14. DME and Supplies:

commode, cane, wheelchair, rolling walker, bath bench, reacher, 4 wheeled walker

15. Safety Measures:

bathroom safety, ambulates with device,

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

antiotensin coverting enzyme inhibitors aspirin sulfa pcn albuterol

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Fracture Of One Rib, Right Side, Subsequent Encounter For Fracture With Routine Healing, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare: The patient is a 76-year-old female who presented to the agency following hospitalization due to a fall sustained while attempting to balance a plate of food while maneuvering her rolling walker (RW). Her past medical history is significant for recurrent falls, long-term aspirin use, unspecified bone density disorder, unspecified right rib fracture, and unspecified right bundle branch block. The patient also has a history of right knee replacement. She resides alone in a high-rise condominium with elevator access. A paid caregiver <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> twice monthly to assist with laundry and household tasks. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrated decreased strength, endurance, standing tolerance, ambulation capacity, and overall functional mobility. She ambulates with a rolling walker indoors and outdoors for safety and balance, though she also owns a Rollator walker which she does not currently use. Education was provided on the safe and appropriate use of the Rollator, particularly during complex or multitasking activities such as carrying food or household items-similar to the mechanism of injury that resulted in her recent fall. The patient verbalized understanding and agreement with these recommendations. The patient is independent in transfers, ambulation, and performance of basic activities of daily living (ADLs); however, due to her history of falls, she remains at increased risk for injury during independent activity. She independently manages her oral medications and obtains meals through delivery services or by heating prepared foods with an air fryer. She uses a bath bench in her walk-in shower for safety and owns a recliner lift

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

10/09/2025

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chair for ease of transfers. The addition of a walker tray was recommended to assist with safely transporting items from the kitchen to the living area. During the session, education was provided to the patient and caregiver regarding safe home setup, fall prevention, and proper mobility techniques. A home exercise program (HEP) was initiated, focusing on seated and standing bilateral lower extremity strengthening exercises, transfer techniques, and ambulation training to improve stability and endurance. The patient and caregiver verbalized understanding and compliance with the prescribed program. The patient was alert and oriented to person, place, time, and situation. She reported blurred vision and a pain level of 3/10 in both shoulders and knees, for which she takes acetaminophen 500 mg, one to two tablets daily as needed. The patient would benefit from skilled physical therapy services to address deficits in strength, endurance, standing tolerance, and functional mobility, and to enhance safety and independence in mobility and daily tasks in order to prevent further decline and reduce fall risk. Additionally, the patient would benefit from home health aide (HHA) support for assistance with ADLs, functional activities, and daily care needs.
 Date of Order 10/09/2025 Orders Physician Face-to-Face Date: 09/30/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Fracture Of One Rib, Right Side, Subsequent Encounter For Fracture With Routine Healing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: soc OT Eval Notes:
 Physician Yee , Seokyeong

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (10/09/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 1 (11/09/25-11/15/25) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 10 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 6 CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8 STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds Advance Directive:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, Pain Interference with ADLs, rough/scaly/cracked skin PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., incentive spirometer, home exercise program: Seated therex BLE, 2x10, 1-2x/daily, with theraband resist where applicable: sit to stands (1-3 x 5 reps to start, then build), alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; 2-3x10 HR/TR; Supine and/or seated w/ LE's elevated on stool ankle pumps, 3-4x10 2-3x/day, standing tolerance exercises, static standing balance exercises, gait training/stair training, transfers training, therapeutic exercises TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance	PATIENT-STATED GOAL: To feel stronger in BLE to be able to tol walk around home/between rooms with RW or rollator with improved strength, endurance and tolerance for standing and walking. GOALS patient/caregiver recalls * pain control * therapeutic exercises to optimize range of motion of affected area * diet and fluids to promote healing * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain * teach relaxation skills and diversional activities * recalls related medication(s) purpose, schedule caregiver performs medical/rehabilitation treatments with adequate competence Walk 10 ft on Uneven Surface - 04. Supervision or touching patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Sit to Stand - 04. Supervision or touching assistance Car Transfer - 04. Supervision or touching assistance Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance

OT Careplans	OT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

PATIENT-STATED GOAL: I want to get stronger and be safer with transporting items from the kitchen

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

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